



Notice of Intent

Collaborative Drug Therapy Management (CDTM)

1. Date submitted _____
2. Collaborating physician name (Last, First, degree): _____
3. Physician license number _____ CDTM permit number _____
4. Back-up physician name (Last, First, degree): _____
5. Back-up physician license number _____
6. Collaborating pharmacist name (Last, First, Middle, Suffix and degree): _____
7. Pharmacist license number _____ CDTM permit number _____
8. Pharmacy address and phone number where collaborative practice will occur: _____
9. Back-up pharmacist name (Last, First, Middle, Suffix and degree): _____
10. Back up pharmacist license number _____
11. Area of collaborative practice (circle one only)
12.
 - a. Anticoagulation
 - b. Asthma
 - c. Hypertension
 - d. Diabetes
 - e. Hyperlipidemia
 - f. Smoking cessation
 - g. Immunization
13. Signature of physician (no stamps) _____ Date _____
14. Signature of back-up physician (no stamps) _____ Date _____
15. Signature of pharmacist (no stamps) _____ Date _____
16. Signature of back-up pharmacist (no stamps) _____ Date _____

Please note

1. The physician and pharmacist must register separately as collaborating providers and renew annually.
2. Notices of Intent are physician-pharmacist-disease state (or condition) specific.
3. A pharmacist and physician may agree to collaborate in the area of adult immunization and smoking cessation in addition to one of the named disease states. A separate Notice of Intent is required for each.
4. Changes in the Collaborative Practice Agreement should be submitted whenever they occur
5. A Collaborative Practice Agreement numbered and identified sequentially in accordance with the sections and paragraphs specified in Section 7427A-F of the Board's rules shall accompany this Notice of Intent.
6. Incomplete applications or applications without an attached collaborative practice agreement will not be considered.
7. Return this application to LSBME PO Box 30250, New Orleans LA 70190-0250 Attention CDTM

_____BELOW IS FOR LSBME USE ONLY_____

This document serves as official notification that you have been granted temporary approval pending final review and approval by the Board at its next regularly scheduled meeting. You will be notified of the Board's decision at that time

LSBME Executive Director

Date